

Newsletter

BHS (G)ROUND UP

Welcome aboard for the new edition of our newsletter, filled with engaging updates on our journey and a spotlight on Volunteerism.



INTRODUCTION

Volunteering is often painted as a noble act of selflessness — offering time, energy, and care without expecting anything in return. But when we shift our lens, the story becomes much more layered. Volunteers are not just filling service gaps — they are performing acts of solidarity and holding up entire systems, often navigating their own vulnerabilities.

Volunteering then is not just an act of nobility—it is a deeply rewarding experience that builds identity, self-worth, and community pride. Volunteers do not act because they must, but because they believe in a better future for their people. As highlighted in various studies, volunteers gain not only skills and confidence, but also emotional and social fulfillment—belonging, recognition, and the joy of giving back.

In the rural communities we serve in South Rajasthan, the spirit of volunteerism shines brightly, fueled by resilience and deep community commitment. At BHS, our network of volunteers includes formal volunteers –Swasthya Kirans, who consistently exceed their designated roles. Beyond this, an inspiring force of informal volunteers – recovered patients who motivate and support other patients through their treatment journey; mothers of children that go to Phulwaris who educate other mothers in childcare, and other community members who share their time and resources to actively shape health and well-being of their communities in their own unique ways.

These unsung heroes bridge gaps by bringing patients to clinics, offering crucial counsel during referrals, dispelling myths and spreading vital health awareness. United by a shared vision of healthier communities, their actions often extend far beyond traditional volunteerism. They show us that true change often begins with ordinary people taking extraordinary steps in their own communities, even when themselves facing the same vulnerabilities.

This newsletter serves as a tribute to these remarkable individuals, urging us to recognize volunteering not merely as a benevolent act, but as an integral part of a community's determined pursuit of dignity, equity, and improved healthcare and livelihoods. We celebrate their stories, highlighting the transformative power of local action.

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Ganga's decadelong journey of volunteerism!

From Audha Manpur, Ganga has been a pillar of community health for the past 10 years. When the Amrit Clinic in Manpur first opened its doors a decade ago, Ganga was among the first to step forward as a volunteer. With no formal education but a mind sharp as a tack, she became a Swasthya Kiran—a community health volunteer—and has been associated with Basic Healthcare Services (BHS) ever since.

Before joining BHS, Ganga was engaged in farming and other daily-wage work. Her journey into community health began when Lali, one of the community health workers, visited the village in search of volunteers. Curious about this new opportunity, Ganga asked, "Exactly what kind of work is this?"—and with time, training, and her own dedication, she began to learn and grow into her role.

In the beginning, people questioned her. "Kya kaam karti ho? Kyun karti ho?" (what work do you do? Why?) they would ask. But today, those same people have seen the impact of her work firsthand. They no longer question it; they respect it.

Ganga is known for her boundless energy and enthusiasm—qualities that rival even the younger generation. She is deeply passionate about her work. When asked what she enjoys most, she smiles and says, **"When women in the village come to me with their problems, it feels good to be able to guide them. I feel proud when I can connect a sick person to the clinic. I also love that I keep learning new things every day."**

One of her strongest qualities is her ability to maintain trust. Ganga never shares personal or family matters between households. Her discretion has earned her the confidence of the community.

At home, she has the strong support of her family. She lives with her husband and two married daughters. Her husband, in particular, encourages her to continue working. "Kuch kaam karte rehna chahiye, ghar mein do paisa bhi aata hai," he tells her—acknowledging the dignity and value of her efforts.

Ganga's story is a shining example of volunteerism rooted in commitment, humility, and heart. Her journey reflects the spirit of grassroots leadership that BHS strives to support—leadership that uplifts not just individuals but entire communities.



With all her might – Dali Bai prevents a maternal death

Sunita, a woman from Bedwal Village of Salumbar district, has two children and was pregnant with her third baby. She regularly visited the AMRIT Clinic in Bedwal for her ANC (antenatal care) check-ups. One day, she started having recurrent stomach pain. The nurse gave her medicine and asked her to rest at home. They also gave her the contact number of the clinic team in case of any emergency.

Late one night around 11 PM, Sunita found herself in pain again, with no family around. Her husband was in Udaipur, and to make matters worse, she revealed that her mother-in-law had physically abused her earlier that day. In this moment of fear and vulnerability, she turned to the clinic's health worker for help.

The health worker quickly informed Dali bai, a community health volunteer, and asked her to go to Sunita's house. Dali bai reached Sunita's house with her son at around 11:30 PM. Meanwhile, the clinic's ambulance also arrived. Despite resistance and even aggression from Sunita's mother-in-law, Dali bai stood firm. She managed the tense situation, protected Sunita, and took the courageous step of bringing her to the clinic, while also taking responsibility for her two young children.

At the clinic, Nurses confirmed Sunita was not in labor but required observation due to complications. Dali bai stayed by her side overnight, offering comfort and emotional support. Realizing that the baby had a breech presentation and that Sunita was near full-term, the clinic team advised Sunita's husband for referral but he showed lack of urgency.

Sunita was also afraid to go alone to Udaipur. Meanwhile, Dali bai managed everything—she looked after Sunita's house, her children, and even their cattle. She called Sunita's mother and sent her to the district hospital in Salumbar with Sunita.

At Salumber, the doctors confirmed that Sunita had a breech presentation, and she had to be taken to Udaipur. By that time, Sunita's husband had also arrived, but he still didn't agree to take her to Udaipur. Believing that a local ritual (totka) would help more than medical care, he forcibly brought her back home. When Sunita's health worsened, Dali bai visited again, counseled both Sunita and her husband, and finally convinced them to go to Udaipur.

Sunita delivered her baby by C-section in Udaipur. clinic Nurses conducted three postnatal check-ups, and both she and the baby are now healthy.

Dali bai played a very big role in helping Sunita. **She went beyond her duties; managing household chores, mediating family conflicts, and ensuring Sunita received the best possible care, despite all odds. It reminds us that with compassion, courage, and commitment, one dedicated individual can make a life-changing difference.**



Recovered from TB, now saving others

Babulaji lives in Pratapgarh's Dhariyawad village. Once a truck driver, his life took a turn when he sought help at the Amrit Clinic in Manpur. He was diagnosed with Tuberculosis. He began his treatment for TB at Amrit clinic and diligently took his medications, eventually recovering fully.

Having experienced the difficulties of TB firsthand, Babulaji understood the seriousness of the illness and the relief that timely treatment could bring. This understanding sparked a deep commitment within him. He became an active volunteer with the Amrit Clinic.

Babulaji sought out individuals who might be suffering with TB from his own village. He brought these potential patients to the clinic, ensuring they received the care they needed. So far, he **has successfully connected more than 100 people with suspected TB to the clinic**, guiding them on their journey to recovery.

More than just bringing people to the clinic, Babulaji plays a crucial role in dispelling myths surrounding TB and proper nutrition. His own experience allows him to offer genuine advice and empower people in his community. He stands as a beacon of hope, demonstrating that even a serious disease like TB can be cured with the right support and treatment.



Babulaji after recovery at Amrit clinic

Another inspiring story of Surmaram Garasia who lives in Sirohi village of Pindwara district. At 35, he faced a tough battle with TB. He found his way to the Rawach AMRIT Clinic, where he recovered after eleven months of treatment.

Surmaram's journey to health wasn't easy. He had spent around ₹45000 on treatment elsewhere and had an unsuccessful period at the local hospital. He used to earn well as a stone carver, but his occupation became the reason for his illness. Now, his focus is on providing for his family – his wife, a daughter, and a young son – by pulling a rickshaw. **"I earn ₹13,000 a month now. It's less than before, but I am content. I am focused on educating my daughter, and my son is still small."**

Grateful for his care at Rawach Clinic, Surmaram's story didn't end with his recovery. He became a source of inspiration for others in his community. He understood the struggles of those battling TB, the confusion, the financial strain, and the fear.

He actively brings people to the clinic from his village and neighbouring areas, identifying those who might be suffering from TB. He shares his experience, reassuring them that the disease was curable. He would accompany them, help them navigate the initial consultations, and ensure they understood their medications and adhere to the treatment.

Surmaram helped over 15 people get treatment at the Amrit Clinic Rawach. His actions were driven by a deep sense of empathy and a desire to give back. He showed that recovery wasn't just about healing oneself but also about helping others heal.



Surmaram after recovery at Amrit clinic

Empowered herself, a mother now supports others

Aryan has been enrolled in one of our *Phulwaris* since its inception, receiving regular childcare, safety, and nutrition. Recently, his younger brother has also joined and now attends regularly. The *Phulwari* day care centres are designed primarily for children — to ensure their safety and improve their nutritional status. But over time, they also become spaces of learning and transformation for caregivers, especially mothers.

One such inspiring example is Aryan's mother. Though not part of any formal training or official health network, she has emerged as an active community resource — entirely on her own.

Living near the *Phulwari*, Aryan's mother has been connected with it from the very beginning. She never misses a parent meeting and consistently engages with the discussions. A young, educated mother who lives with her husband and in-laws, she has referred multiple people from her community — pregnant women, children with Severe Acute Malnutrition (SAM), and others in need — to our Amrit Clinics.

Her voluntary efforts go beyond referrals. **She often accompanies those who are unwell or unable to travel alone. Her husband, equally supportive, joins her in raising awareness about the clinic's services. In a community where many people opt for expensive quacks or traditional healers, this couple's advocacy plays a critical role.**

Once, she brought her own sister-in-law to the Amrit Clinic for regular antenatal check-ups — four to five visits in total. In another case, when the parents of a SAM child were hesitant to visit the clinic and preferred traditional healers, Aryan's mother convinced them otherwise. She shared her own experience, explaining how she always takes her children to the clinic when they fall sick. With her encouragement, the parents agreed, and the child received timely treatment.

Aryan's mother may not carry the title of a health worker, but her actions reflect the spirit of community health in its truest form. Her story illustrates the ripple effect that *Phulwaris* can create — nurturing not just children, but also informed, empowered mothers who become advocates for change in their own communities.



Stronger Together: How the Advisory Committee is Addressing TB

We are pleased to share that in this period total 9 advisory committee meetings were organized with a significant focus on Tuberculosis management in six of these sessions. Discussions centered on providing updates to members regarding the TB patient landscape, including the number of individuals identified in the preceding year, their age demographics, Body Mass Index (BMI), and occupational backgrounds, exploring potential links to the disease. Emphasizing the importance of timely care seeking at appropriate healthcare facilities was also a key theme.

These advisory meetings addressed systemic aspects of TB. The provision of digital X-ray machines and CBNAAT at CHCs, alongside ensuring adequate staffing, were important points of discussion. Notably, concerning a clinic where an X-ray facility was needed, they took the initiative to approach the tribal commissioner at the divisional level to request suitable space in a nearby building owned by the tribal department. They diligently followed up on this.

In Manpur clinic, Advisory members significantly contributed to organize the world TB Day event in March for the first time. They invited the local MLA and updated him on the health issues of the area including TB burden. The committee members presented a memorandum advocating for increased attention and improved TB management, and the MLA pledged his commitment to action.

Advisory groups have members who have experienced TB him/herself or in the family. Their firsthand accounts of navigating the disease provide invaluable insights and learning opportunities for other members of the community.



Story of Kika Ram

Kika Ram, a 54-year-old man, suffered from TB and sought treatment in Udaipur. He belongs to a family with a relatively higher socio-economic status within the same tribe. He was admitted to a TB hospital for 15 days, but his recovery was minimal even after discharge. As his condition worsened, his family took him to Ahmedabad for a month of treatment, followed by another attempt in Sagwara. Despite these efforts, his health did not improve, and approximately ₹3 lakh had been spent. The family began to panic as the financial burden became overwhelming. Ultimately, feeling hopeless, they brought Kika home. One day, an Advisory Committee member visited him, understood the situation, and advised the family to take him to the Amrit clinic. This member convinced them that TB is curable and shouldn't be financially devastating, emphasizing that home care, timely medication, and good nutrition are key. Kika Ram started his treatment at Amrit clinic.

Telling Stories That Travel

Learning and Development session on Strategic Communication and Storytelling

We often talk about the importance of communication within our teams and with the communities we directly serve. It's the lifeblood of our daily work. But what about those crucial connections beyond our immediate ecosystem – the governments, academic institutions, community groups, and other vital partners who play an equally important role in amplifying our impact? How do we ensure our message resonates with them, too?

That's exactly what we delved into during our engaging Learning and Development session on Strategic Communication and Storytelling in February. This session was not limited to the mechanics of communication; it was about understanding how to build bridges, foster collaboration, and communicate our vision in a way that truly resonates, inspires action, and drives meaningful change with these key stakeholders.



We delved into the art and science of storytelling, uncovering the secrets to identifying powerful stories within our work – stories that showcase our impact, our values, and our commitment. We learned practical frameworks, including the critical 5W1H method, to craft these narratives effectively. We explored how to tailor our message to different audiences, ensuring that our communication is both strategic and authentic.

The session was facilitated by Sachin Kumar Jain, who with his extensive experience in research, capacity building, and documentation across diverse areas like nutrition, environment, and education, brought a wealth of knowledge to the session.

This session has given us a whole new way to think about how we share our mission and our impact with the world. It's about building relationships, creating understanding, and ultimately, making our collective work even more powerful.



“We're surrounded by powerful stories – stories of lives changed, lives saved, and, sometimes, stories of heartbreaking losses in the clinics and fields where we work. This session was a timely reminder to take a moment, document these experiences, and really apply the nuances of effective story writing to truly capture their impact. – a participant”

AMRIT clinic, Manpur celebrated World TB Day

In March, we observed World TB Day at AMRIT Clinic, Manpur, a health facility that manages hundreds of patients suffering from Tuberculosis (TB), especially from the predominantly tribal communities of the region. To mark the day, we organized a public event aimed at raising awareness, celebrating resilience, and fostering stronger community engagement in the fight against TB.

The event witnessed participation from a wide cross-section of the community: the MLA of the area, Sarpanchs from neighboring Panchayats, school students, families affected by TB, members of local advisory committees, and volunteers working tirelessly on the ground.

The elected representatives lauded the continuous efforts of AMRIT Clinic in providing accessible TB care to marginalized populations. More importantly, they committed to promote action—both at the community level and in the legislative assembly—to control and ultimately eliminate TB from the region.



A special highlight of the event was the recognition of TB “champions”—individuals who, having overcome the disease themselves, are now supporting others through their journey. One such champion, who had been treated at the clinic, has gone on to personally support and link more than 100 others from his community to seek and complete TB treatment. Their stories remind us that those affected by TB are not just patients, but powerful agents of change.

The event concluded with the submission of a memorandum to the MLA, outlining the community's demands and suggested actions for better prevention, diagnosis, and management of TB in the region.

This year's World TB Day theme, "Yes! We Can End TB: Commit, Invest, Deliver," served as both a call to action and a guiding principle for the event. With greater commitment, sustained investment, and collective delivery of care and support, we believe TB can be defeated—not just medically, but socially, by breaking the stigma and empowering communities.



Focus India Consultation at World Rural Health Summit

We were honored to be invited by the World Organization of Family Doctors (WONCA) to host a panel discussion at the Global Rural Health Summit in Bengaluru. Together with the Fernandez Foundation, we put together a powerful panel called "Empowering Nurses and Midwives for Rural Healthcare, Empowering Communities."

The consultation and the summit started with a power packed panel of Nurses & Midwives who are leading the change in rural healthcare in India - from effecting policy changes to mobilizing communities.

Their stories were inspiring - from pursuing higher education against all odds to fighting cancers - but each time they moved ahead, and with them, brought empathetic care to the communities they serve. Clearly, they deserve greater support and recognition for leading a greater change in rural healthcare. One feedback from a participant highlighted the importance of this panel - that it should be shown in all Nursing Colleges of the country. We will try to make that a reality.

Next was the panel of young doctors who have chosen rural healthcare as the way of life; and not so young ones who are creating opportunities for young doctors to understand, practice and lead the change in rural health care.



"It's my first time traveling in flight. For me being a part of such conference is a wonderful experience. It's my pleasure to interact with Doctors and Nurses from different regions. Everyone shared their experiences making me motivated to improve myself to do my best in the healthcare field. I too got chance there to share my experience. I really felt proud at that moment". - Bhanu Nurse Co-ordinator

Conference– Health Among Tribal Communities

BHS participated in a National conference

On April 22nd and 23rd, BHS took part in a national conference on “Health Among Tribal Communities” organized by the Department of Public Health, Azim Premji University, and supported by the Azim Premji Foundation, held in Ranchi. The conference brought together a diverse group of organizations from across the country, all working to address the unmet health needs of India’s tribal populations.

Our participation aimed to share BHS’s field experiences and primary healthcare strategies with fellow practitioners, students, and public health professionals. It also provided a valuable opportunity to build connections and engage in knowledge exchange with other organizations committed to improving health outcomes in remote and underserved regions.

BHS presented a poster on our Primary Health Care delivery model through AMRIT Clinics, led by Primary Care Nurses. The presentation highlighted our emphasis on task sharing—a rational and collaborative division of clinical responsibilities among nurses, doctors, and clinic staff—as an approach to providing effective, equitable and responsive healthcare to rural communities.



In addition, Dr. Pavitra represented BHS in a panel discussion where he shared insights into the organization's community-centered and patient-focused model of care. He emphasized the integrated efforts of clinic teams in delivering affordable, accessible, and responsive health services, while simultaneously addressing the social determinants of health. He also underlined the importance of viewing the family as a unit of care, recognizing that recovery often depends on strong familial support.

The conference was an enriching experience that underscored both the diversity and shared vulnerabilities among tribal communities across India. Though relatively small in population, these communities face significant health challenges, and the need for responsive, grassroots healthcare remains urgent. It was encouraging to connect with others equally committed to improving the health status of tribal populations in rural and hard-to-reach areas.

Board Members Meeting

Basic Health Care Services is fortunate to have highly engaged board of trustees. Over years, they have guided, supported and when required, admonished us! They have helped us stay on course and to think ahead. We had our first offline meeting of the year of the Board of Trustees on 20th and 21st March 2025. The board members visited the field and interacted with staff and community members. BHS team presented the program updates, shared our draft five-year strategy and the proposed revisions in our human resource policy in line with the revised strategy.

We shared our focus areas as we embark on the journey of the second decade: careful expansion of clinics in similar underserved areas, deeper community engagement, understanding and addressing health needs of adolescents, and setting up a Center for Primary Health Care for generating and sharing evidence and tools on primary healthcare.



The board was pleased with clear articulation of the strategy, and with its broad directions and focus. They advised us to be cautious on incubating a secondary hospital and suggested to consider selective service-offerings as we expand clinics. We of course were energized with their support, commitment and encouragement. With a board like this, we cannot but redouble our commitment to reaching more lives and making greater impact. With dignity.

Visits at BHS

Visit by Dr Jose Martines, ex-lead, Child health & development, WHO-HQ

We were delighted to host three friends & visitors —Dr. Jose, Stephen, and Kathrine—on a recent visit to the AMRIT Clinic and Phulwaris. Dr Jose Martines has seen, supported and evaluated child health and nutrition programs all over the world for more than thirty years.

Ten years ago, he and his colleagues supported BHS to start the first Phulwari in a remote, high- migration hamlet; and since then have continued their support. We were happy to take them to Amrit clinic and Phulwari. The visitors asked engaging questions, such as what team members enjoy most in their work. Many shared that they find fieldwork the most fulfilling, as it allows them to better understand the context and make their clinic work more impactful. When asked about tasks they find less enjoyable, some— although hesitantly—shared that clinic work feels less energizing compared to field visits, though they acknowledged its importance. The team was also curious if the visitors engaged in similar fieldwork in their country. The visitors explained that they primarily work in large hospitals where patients come to them for care. To conclude, the Swasthya Kirans and health workers at clinic sang a local song and danced. The visitors were delighted to see them enjoying so freely, a reflection of the confidence and empowerment they have gained through continued support and mentoring.

“Visit to Phulwaris was full of joy. The children looked well-nourished, healthy, curious and bright-eyed. Ready to play, sing, and show the dances they learned. Mothers joined in proud display of how well the children were cared for. My congratulations to the workers that make it happen through their daily efforts and to the BHS team that had the vision and initiative to set up and then expand - the availability of Phulwaris.” - Dr. Jose



Visit by Pritha Venkatachalam – Head of Bridgespan India

On January 27th, 2025, we were delighted to host Ms. Pritha Venkatachalam, Head of Bridgespan India and Co-Head for Asia and Africa. Bridgespan is a globally renowned organization that works to strengthen the impact of non-profits and philanthropies by building strategic partnerships, fostering scalable change in the community.

The purpose of her visit was to gain a first-hand understanding of the various dimensions of BHS work—clinical services, community engagement, and our Phulwari program.

Her visit was very encouraging for the team. It provided an opportunity to showcase the depth and impact of the integrated approach, and the commitment of our clinic and phulwari team in delivering health and responsive care with compassion and dignity.

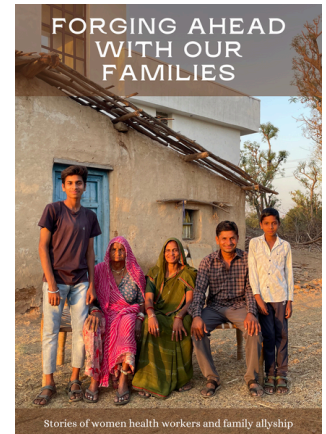
“The BHS Amrit clinics are a role model on many counts - operated by trained nurses who are provided accommodation on the floor above, solar powered to ensure uninterrupted electricity in remote Rajasthan, a well stocked dispensary, ERP & MIS with electronic patient records, and clean & hygienic beds for in- & outpatient services. A doctor visits the clinic once a week for the more serious cases & primary healthcare is localized for silicosis & respiratory issues, a local occupational hazard! Above all, a nearby Phulwari centre provides loving care & nutritious meals to 20 plus children from age 6 months to 6 years, enabling holistic early childhood development. BHS' work truly epitomizes the "health & wellness centre" concept envisioned by the government!” -Pritha Venkatachalam

Publications

Women's day – stories of family allyships

This women's day we celebrated not just the incredible women leading change in their communities but also the unseen strength behind them—their families, who stand by them, support them, and help them chase their dreams. We did stories on family allyship "Forging Ahead With Our Families" featuring frontline women workers who are currently working in the rural parts of Rajasthan and Maharashtra. Here is the link to the full publication:

<https://bhs.org.in/wp-content/uploads/2025/03/Womens-day-stories-Booklet-4.pdf>



Articles/Op-eds

The Government of Rajasthan invited us to contribute our recommendations for the state's health budget 2025.

At various state and district forums, we actively voiced our key recommendations. We championed increased investments in tuberculosis control initiatives, advocated for the expansion of referral transport services for pregnant women and newborns, and urged the revival of community-based management programs for children suffering from severe wasting among others.

Furthermore, we authored a detailed piece outlining our recommendations, drawing upon our extensive experience in primary care within southern Rajasthan and supported by relevant evidence. [Making a healthier budget for Rajasthan](#)

Given the high prevalence of Tuberculosis in areas where we work, we made a recommendation to establish diagnostic facilities within every Community Health Center (CHC) across the state.

The state budget reflected our advocacy, allocating resources for digital X-ray machines and GenXpert testing facilities at each CHC. If effectively implemented, this provision holds the potential to revolutionize early diagnosis and management of TB in rural Rajasthan, especially within tribal districts where significant distances pose substantial barriers to accessing essential diagnostics and care.

Blogs

Sip or Skip? The Great Khaati Chaach (sour buttermilk) Debate [here.](#)

Let us create a full Circle-of-Care plan for people with Tuberculosis: a lesser approach will not suffice [here.](#)

Steering their own path [here.](#)

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